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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number 09/955,507
		Filing Date September 18, 2001
		First Named Inventor Crowther, et al.
		Group Art Unit 1713
		Examiner Name Rob Rabago
Total Number of Pages in This Submission 10		Attorney Docket Number 1999U033.US-CON

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority <input type="checkbox"/> Documents) <input type="checkbox"/> Response to Missing Part/ <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Response to Missing Parts <input type="checkbox"/> under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition To Convert a Provisional <input type="checkbox"/> Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence <input type="checkbox"/> Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance <input type="checkbox"/> Communication to Group <input type="checkbox"/> Appeal Communication to <input type="checkbox"/> Board of Appeals and <input type="checkbox"/> Interferences <input type="checkbox"/> Appeal Communication to <input type="checkbox"/> GROUP <input type="checkbox"/> (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) <small>(please identify below):</small>
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REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Or Individual name Signature	Douglas W. Miller	Registration No. 36,608
Date	July 21, 2003	

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PAGE 01/82
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JUL 2 2 2003**TRANSMITTAL FORM**

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		Application Number	09/885,507
		Filing Date	September 18, 2001
		First Named Inventor	Crowther, et al.
		Group Art Unit	1713
		Examiner Name	Rob Rebago
Total Number of Pages in This Submission	17	Attorney Docket Number	1999U033.US-CON

ENCLOSURES (check off those apply)

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<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
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<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition To Convert a Provisional Application	<input type="checkbox"/> Status Letter
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REMARKS

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Firm Or Individual Name	Douglas W. Miller	Registration No.	36,608
Signature	<i>Douglas W. Miller</i>		
Date	July 21, 2003		

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FEE TRANSMITTAL for FY 2003

(Effective 01/01/2003. Patent fees are subject to annual adjustment.)

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (8) \$40.00

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order Other None

Deposit Account:

 Deposit Account Number:

The Commissioner is authorized to: check all that apply
 Charge fee(s) indicated below credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee
 to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEES

Large Entity	Small Entity	Fee Description	Fee Paid
\$100.00	\$50.00	Fee Paid	
1001 700	2001 376	Utility filing fee	
1002 330	2002 188	Design filing fee	
1003 620	2003 290	Plant filing fee	
1004 720	2004 372	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (8)			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee Description	Fee Paid
Independent	- 1 - =	X	
Mature	- 0 - =	X	
Multiple Dependent			

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Fee	Fee Fee	Fee Description	Fee Paid
Code (1)	Code (1)		
1206 14	2201 9	Claims in excess of 20	
1201 84	2201 42	Independent claims in excess of 3	
1203 280	2203 140	Multiple dependent claim, if not paid	
1204 84	2204 42	" Reissue independent claim over original patent	
1205 18	2205 9	" Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (0)			

The number shown by each fee is the amount to be paid.

Name (Print/Type)	Signature	Registration No.	Telephone
Douglas W. Miller		04,608	718-780-7780

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